



San Diego Community College District
CH.33/CH. 31 Deferment Contract

DRAFT

- ☐ City
☐ Mesa
☐ Miramar

All questions must be answered before your application will be received.
Please use black or blue ink and print clearly

Name: _____ Student ID Number: _____
Last First MI

Address: _____
Street City State Zip

Telephone: (Home) _____ (Work) _____ E-mail: _____

I will be receiving the following Military Educational Benefits:

- ☐ CH 33: Post 9/11 GI Bill ☐ CH 31: Veterans Vocational Rehabilitation Program
☐ Other: _____

Are you a California Resident? ☐ Yes ☐ No

Semester of Registration: Spring 20 _____ Summer 20 _____ Fall 20 _____

Please read and initial to acknowledge each of the following statements:

_____ I understand that I will be responsible for paying for any outstanding enrollment fees not covered by my VA educational benefits. I will have a hold placed on my account and will not be able to register for classes in subsequent semesters until the balance is satisfied.

_____ I understand the college will only certify courses required under my current educational plan.

_____ I understand my registration fees will appear on mySDCCD portal until my balance is satisfied.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

Signature of Certifying Official: _____ Date: _____